

## Title XIX Advisory Committee

### Invitees:

<input checked="" type="checkbox"/>	St. Clair, Claudia (Chair, Molina Health)	<input type="checkbox"/>	Gil, Sylvia (CHNWA)	<input type="checkbox"/>	Nguyen, Huy (NW Justice)
<input type="checkbox"/>	Abdi, Fathiya (CHNWA)	<input type="checkbox"/>	Graham, Alec (DSHS)	<input checked="" type="checkbox"/>	Perna, Bob (Analyst)
<input checked="" type="checkbox"/>	Busz, Andrew (WSHA)	<input type="checkbox"/>	Henricksen, Wes (Child & Adolescent CI)	<input type="checkbox"/>	Ramos, Joana (healthwatched.org)
<input type="checkbox"/>	Cavens, Phyllis (CANDAC)	<input type="checkbox"/>	Hoffman, Michelle (DOH)	<input type="checkbox"/>	Rector, Bea (DSHS)
<input type="checkbox"/>	Christian, Ann (WA Council for BH)	<input type="checkbox"/>	Killpack, Bracken (WSDA)	<input type="checkbox"/>	Robbins, K (CANDAC)
<input type="checkbox"/>	Delecki, Chris (SEA Children's)	<input type="checkbox"/>	Kinnaman, Catherine (DSHS)	<input type="checkbox"/>	Saravia, Rebecca
<input type="checkbox"/>	Doumit, Sophie (WSDA)	<input type="checkbox"/>	Lovell, Emily (WSDA)	<input type="checkbox"/>	Sawyckyj, Kristina
<input type="checkbox"/>	Dyer, Nikki (DOH)	<input type="checkbox"/>	Marsalli, Bob (WACH)	<input type="checkbox"/>	Shepard, Jeb (WSMA)
<input type="checkbox"/>	Estes, Kathleen (DOH)	<input type="checkbox"/>	McDougall, Regina (COM)	<input checked="" type="checkbox"/>	Tufte, Janice (Patient Advisor)
<input checked="" type="checkbox"/>	Ewart, Hugh (SEA Children's)	<input checked="" type="checkbox"/>	Milliren, Heather (Parent Advocate)	<input checked="" type="checkbox"/>	Yorioka, Jerry (Physician Advocate)
		<input checked="" type="checkbox"/>	Prasad, Shirley	<input checked="" type="checkbox"/>	Nunn, Brook

### Main Outcome Objective:

### HCA Invitees:

<input type="checkbox"/>	Lindeblad, MaryAnne (Exec Sponsor)	<input checked="" type="checkbox"/>	Kramer, Karin	<input type="checkbox"/>	Schuffenhauer, Annette
<input type="checkbox"/>	Blondin, Amy	<input checked="" type="checkbox"/>	Linke, Taylor	<input type="checkbox"/>	Vento, Elizabeth
<input checked="" type="checkbox"/>	Campbell, Kodi (notes)	<input type="checkbox"/>	McDermott, Lou	<input type="checkbox"/>	Worrell, Dennis
<input type="checkbox"/>	Chen, Christopher	<input checked="" type="checkbox"/>	McGill, Jason	<input type="checkbox"/>	
<input type="checkbox"/>	Claycamp, Teresa	<input checked="" type="checkbox"/>	Needham, Mich'l	<input type="checkbox"/>	
<input type="checkbox"/>	Fotinos, Charissa	<input type="checkbox"/>	Pazolt, Melodie	<input type="checkbox"/>	

#	Agenda Items	Time	Lead	Summary Meeting Notes
1.	Welcome and roll call	8:30am	Claudia St. Clair	
2.	Eligibility trends, teleworking and other assistance staff is providing to DSHS, HBE and ESD	8:35am	Taylor Linke	See below
<ul style="list-style-type: none"> <li>There's been a lot of interest in how COVID is impacting enrollments with Apple Health. On April 1, we redefined how we are looking at who is a "new" enrollee for Apple Health. We defined it as someone who has not previously been on Apple Health at any time in the last six months. Since April 1, we have been averaging about 1200-1300 new enrollees each week day. We've had approximately 30,000 new enrollees. We are not processing renewals at all right now because we're not terminating coverage. For example, in the last two-week period at the end of March, we would have terminated over 17,000 current enrollees due to being over income or not responding to verification requests. The Health Benefits Exchange had about 20,000 applications during the special enrollment period, which is about a 3,000 net enrollment increase.</li> <li>The HCA call center staff are helping support the Employment Security Department's call center. Our staff have been trained to answer entry-level questions. We're also supporting the Department of Social and Health Services and the Health Benefits Exchange to help keep up with their call volume. Excellent cross-agency support efforts occurring.</li> </ul>				

3.	<b>COVID-19 Update</b>	9:00am	Jason McGill	See below
<ul style="list-style-type: none"> <li>• Our numbers in Washington state are pretty good compared to other states, but not as good as we'd like them to be. Link to a good corona virus resource is: <a href="https://coronavirus.wa.gov/">https://coronavirus.wa.gov/</a>. You can see from the website that there's a hot spot right now in Yakima. This gives a perspective of why we are not low risk yet.</li> <li>• Contact tracing is an issue and particularly with testing kits. Despite this, testing is up but not quite where we want to be. We're trying to increase the 6,000 figure to about 25,000 – that way we'd have a more timely, reliable method of testing people and connecting them to contact tracers who can then contact anyone they had been in contact with to help reduce exposure. We have about 1,800 staff in the state trained to do this work.</li> <li>• We have fewer hospital beds per capita than anywhere else in the nation, but we've done well through the surge and have had enough ICU beds. Our hospitals have done a great job – PPE has been a challenge. We've ordered upwards of 50 million pieces of PPE supply, but have only received about half of that so far.</li> <li>• Question/concern about health care facilities and workers getting PPE. Local public health in the county region of the provider is in charge of working through a state centralized purchasing method. We've got people from Microsoft and Amazon helping us with the logistics.</li> <li>• Question about potential disparities in infection and death rates among different populations. DOH recently released a statement cautioning drawing conclusions on death data because it is still immature/still developing.</li> <li>• Other updates: we're still pursuing some support payments for providers; our managed care plans have done an excellent job working with our behavioral health providers; we're looking at other Medicaid-dependent providers, such as primary care pediatricians, to see what additional supports we can provide so that we have providers who are viable for our Medicaid access to care purposes now and in the future.</li> <li>• Received orders from OFM and the Governor about the hiring freezes and budget exercises to assess the state budget. The order is 15% general fund services. Hard to say yet what the end result will be.</li> <li>• Molina telehealth update: telehealth calls pre-COVID was about 1,000 per month. In March it jumped to 20k and April was 30k. We are pulling data to determine if they were behavioral or physical health.</li> <li>• There's been a trend lately for people avoiding seeking medical care when needed because of their fear of being exposed to COVID or that staff will be too busy dealing with COVID-related illnesses. Really need to get the message out to the public that it's important to seek medical attention in life threatening situations. Along those lines, current numbers show that vaccines are down 40%.</li> <li>• A lot of great work on the telehealth side and fortunately, Medicare has basically adopted everything we've done. There are some face-to-face requirements in terms of clinical appropriateness. For example, we've asked the Department of Health to waive a behavioral health face-to-face requirement for services. The question is whether or not it should become permanent along those lines. There are some staff here at HCA who are helping lead the telehealth project effort from a clinical perspective for HCA with the <a href="#">BREE Collaborative</a>. There should be more to come on these efforts in the near future.</li> </ul>				

Meeting adjourned 9:30am

